

# Medi-Cal Health Care

*"To Enrich Lives Through Effective and Caring Service"*

JANUARY/FEBRUARY 2009

## REMINDER IEVS – SOCIAL SECURITY NUMBER

- A person without Satisfactory Immigration Status (SIS) is not required to provide a Social Security Number (SSN) at application.
- When a person without SIS provides a SSN, that SSN should be used in the IEVS process **BUT** that SSN is not to be added to LEADER.
  - IEVS request for this situation is done through an online transaction in MEDS.
- A SSN does not have to be sight verified prior to submitting it to the IEVS process.
- If a SSN for a person without SIS is determined to be invalid, do not submit the SSN to MEDS.
- Only individuals applying for full-scope Medi-Cal are required to provide proof of a SSN or other acceptable documentation.
- When IEVS indicates a SSN belongs to someone else, staff must contact the applicant or beneficiary to let them know that the information they provided did not result in the verification of their SSN and that they must go to the Social Security Administration to verify their SSN.
- Allow the applicant or beneficiary 60 days to return the signed MC 194.

**Reference:** MEMP Article 21C-B, MEMP Article 4M-9 ACWDL 88-47, dated 7/15/88



## REFERRALS TO ACCESS FOR INFANTS AND MOTHERS (AIM) PROGRAM

Did you know that pregnant women, who do not qualify for any of the no-cost Medi-Cal programs, should be referred to AIM? AIM provides comprehensive prenatal and postpartum care for pregnant women and full health care services for their infants up to the baby's second birthday. However, these women cannot be more than 30 weeks pregnant when the AIM application is received.

Eligibility staff can ensure that pregnant women and their infants obtain adequate medical care by advising them to call the **AIM program at 1-800-433-2611** for additional information or to request an application. The AIM program has representatives who speak the threshold languages.

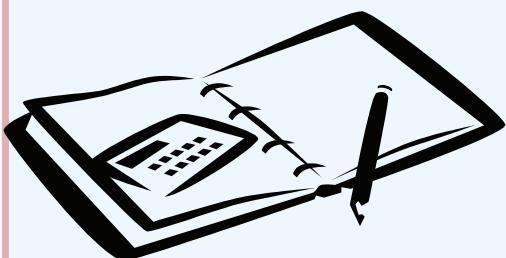
**Reference:** Admin. Memo 01-12, dated 5/7/01.

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## IF IT'S NOT IN WRITING, IT DOES NOT EXIST

It is crucial for staff to maintain accurate and complete case records. All contact made with beneficiaries must be documented in the **Case Comments** screen on LEADER at the time of contact, regardless of the method (telephone, mail, or office visit). In order to ensure thorough case documentation, Eligibility Workers shall ensure that each entry contains the following elements:

1. Date and method of contact
2. The reason for contact and action taken.



## Inside this issue:

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### DRA Documents Provided to Hospital and Health Center Staff

To make it easier to meet the citizenship and identity verification requirements of the Deficit Reduction Act of 2005 (DRA), the State developed procedures for staff at Disproportionate Share Hospitals (DSH) and Federally Qualified Health Care Centers (FQHC) to view original documents received from applicants and beneficiaries. These healthcare partners will view documents and give a Receipt of Citizenship or Identity Documents (DHCS 0005) to persons providing original or certified copies of original documents. The original DHCS 0005 and photocopies of the citizenship and/or identity documents will be given to the participant to return to the Case Carrying Eligibility Worker (CCEW) in person or by mail. The CCEW is responsible for:

- ◆ Verifying that the documents meet the requirements of the DRA and
- ◆ Providing the Proof of Acceptable Citizenship or Identity Documents (DHCS 0011) to the participant to confirm that DRA requirements were met.

It is **not** the responsibility of the CCEW to verify that the document viewed by the DHS or FQHC staff person was an original or certified copy of an original. A partial listing of DHS and FQHC locations can be obtained from Medi-Cal Program.

**Reference** Administrative Directive 4721 dated 04-03-08, ACWDL 07-12, dated June 4, 2007.

SG



### DISABILITY - IMPORTANT REMINDER

The "Date Applied" in Item 5 of the *MC 221 LA (1/00)-Disability Determination and Transmittal* form is determined as follows:

- ◆ For an applicant applying for disability-based Medi-Cal, the "Date Applied" for the disability evaluation should be the date of the Medi-Cal application. For example, if the Medi-Cal application was received on 11/25/08, the "Date Applied" in Item 5 of the *MC 221 LA* must be 11/25/08.
- ◆ For a Medi-Cal recipient claiming disability, the "Date Applied" for the disability evaluation must be the date the disability was first reported to the County. For example, Ms. Woodland, who has been receiving Medi-Cal benefits since 03/01/99, called her Eligibility Worker (EW) on 12/04/08, to notify him that she stopped working on 11/30/08, due to renal failure that requires dialysis treatment. The "Date Applied" in Item 5 of the *MC 221 LA* must be 12/04/08.

For Medi-Cal applications on deceased individuals, it is highly recommended that the death certificate or medical records that certify the death be included in the disability packet. This will assist in expediting the disability evaluation process. Document in Item 10 of the *MC 221 LA* that the death certificate or any medical certification is attached.

If the disability packet has been resubmitted in compliance with a state hearing decision, the hearing decision must be included in the disability packet. Document in Item 10 of the *MC 221 LA* that the state hearing decision is attached.

If the applicant/beneficiary is receiving dialysis treatment, ensure that the disability packet includes information (address, phone #, etc.) of the dialysis center where the individual is receiving treatment.

When faxing a disability packet to State Programs Disability Determination Service Division (SP-DDSD) to request Presumptive Disability (PD) evaluation, do not forget to annotate on top of the MC 221, "**DISABILITY PACKET WAS FAXED ON 00/00/00**" before mailing the disability packet. This will alert the opening-desk clerk at SP-DDSD that the disability case has already been opened when the fax was received, therefore, avoiding a duplicate disability development on the same individual.

**Source: MEPM Section 22**

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### DRA Reminder for California-Born Citizens

This is a reminder to staff that citizenship for California-born citizens may be verified by completing the **DRA Details screen** in the **Individual Attributes Summary** screen in **Data Collection**. By completing the **CA County of Birth** and **Birth Certificate Information** fields, a birth match of California vital records will be automatically requested. Staff should always complete these fields for any California-born applicant before requesting other citizenship documents. Results of a successful birth match request will be posted within 24 to 48 hours in the **Citizen Document** field in the **DRA Details** screen. A System generated Case Comment will also confirm a successful match.

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### **PUBLISHED BY:**

**Department of Public Social Services, Bureau of Program and Policy, Medi-Cal Program Section**

# MEDI-CAL HEALTH CARE PROGRAM

## JANUARY/FEBRUARY 2009

### HOW SHOULD STUDENT INCOME BE TREATED

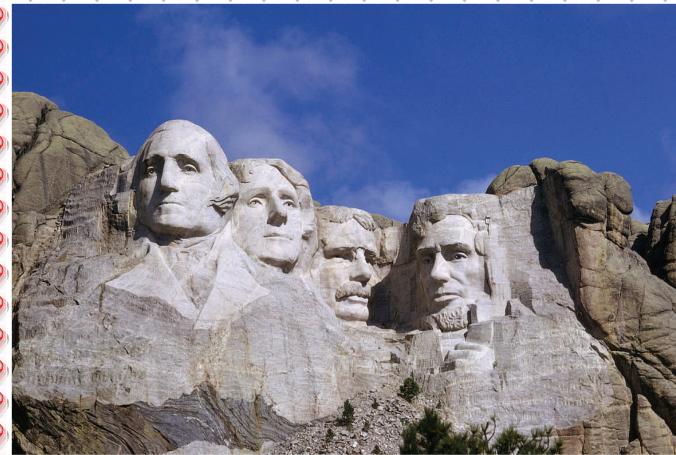
All earned income of a Medi-Cal child is exempt if the child is a full-time student. If the child is a part-time student, with a school schedule that is equal to at least one-half of a full-time curriculum, their earned income is exempt if the child is not employed full-time (employed part-time).

School attendance is defined as enrollment and attendance in a school, college, university or in a course of vocation or technical training designed to fit the child for gainful employment. This includes participation in the Job Corps program under the Economic Opportunity Act. If earnings are from participation in a Job Training Partnership Act (JTPA) program, income derived is exempt for up to six months per calendar year. Earnings of children under age 14 are exempt.

**REFERENCE:** Medi-Cal Policy 50543.



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### Reminder How to Terminate a Case Moving Out of State

This is a reminder to all eligibility staff: When terminating a case due to participant/family "moving out of state", Eligibility staff must update the following LEADER screen for each individual in the household;

#### "Individual Attributes Summary"\*

- \* Click on the Detail button,
- \* Change the "LA Resident" field from Yes to No
- \* Change the "CA Resident" field from Yes to No
- \* Run EDBC

These actions will generate the appropriate NOA informing the beneficiary that their Medi-Cal benefits will be discontinued at the end of the month.

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# ICT QUICK GUIDE

Counties must ensure all Medi-Cal beneficiaries' cases remain active throughout the Intercounty Transfer (ICT) period with no interruption in benefits. When contacted by a beneficiary regarding a move, Case Carrying Workers (CCW) should not tell the beneficiary to reapply in the new county. Staff are to follow the referenced below ICT procedures.



## SENDING COUNTY RESPONSIBILITY

1. Case Carrying Worker (CCW) receives notification of move from the beneficiary; initiates the ICT within seven days and changes the address on LEADER; AND
2. Forwards the case to the transfer desk for reassignment to the District ICT Coordinator.

The District Coordinator:

1. Receives case and ensures MEDS has been updated by LEADER or;
2. Completes an online MEDS transaction to show the new address and residence county code.
3. Sends the MC 360 to the Receiving County along with the ICT packet with documents that support the beneficiary's eligibility (See Administrative Directive 4449 for packet details).
4. The ICT Coordinator MUST wait for the Receiving County to provide the eligibility effective date in the new county, before the case is terminated.

Send closed case to FKI.

**LEADER** generates a MC 358-S for the beneficiary regarding the address change.

**Reference: Administrative Directive 4449**

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## RECEIVING COUNTY RESPONSIBILITY

District ICT Coordinator shall:

1. Receive the incoming packet and review for completeness.
2. Contact Sending County for any missing documents or clarifications.
3. Open a case on LEADER and initiate approval to continue Medi-Cal benefits.
4. Submit an EW05 transaction on MEDS for each family member to assume responsibility for the upcoming month.
5. Reset the redetermination due date on LEADER to 12 months from the most recent redetermination in the Sending County.
6. Forward case to transfer desk for assignment to a new CCW.
7. Notify the Sending County of the approval effective date so they can close their case.

The ICT process is to be completed no later than 30 days from the date the ICT packet is received from the Sending County.

**LEADER** will generate MC 359 notifying the beneficiary of his/her new worker name, telephone number, and work hours.

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